Medical Care Advisory Committee (MCAC)
Monday, July 13, 2020

10:45am – 12:45 pm
Meeting held via Zoom

MINUTES

MEMBERS/ALTERNATES
Members: Leslie Aronson, Mike Auerbach, Kathleen Bates, Sai Cherala, Jay Couture, Lisa DiMartino, Tamme Dustin, Ellen Keith, Paula Minnehan, Sarah Morrison, Kara Nickulas, Ken Norton, Ronnieann Rakoski, Marie Ramas, Nancy Rollins, Jonathan Routhier, Mel Spierer, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Nichole VonDette, Michelle Winchester, Heather Young
Excused: Karen Rosenberg
DHHS: Henry Lipman, Alyssa Cohen, Sarah Finne, Shirley Iacopino, Laura Ringelberg, Sandy Hunt, Wendi Aultman, Douglas Osterhoudt, Leslie Melby
Guests: Lisa Adams, Peyton Cirulli, Jasmine Harris, Nicole St. Hilaire, Annette Kurman, Neiko Lavery, Peter Marshall, Deborah Ritsey, Rich Segal, Lisabritt Solsky

Membership issues pending BIANH and Home Care Association. Jonathan Routhier will address this week. Membership subcommittee to meet this week. Members: Jonathan Routhier, Carolyn Virtue and Nancy Rollins. Welcomes any others who wish to participate. Please email JR. Jonathan: recommendations to Henry and back to full committee for vote at next meeting.

Review/Approval – Minutes – June 8, 2020
M/S/A

Managed Care: Contracts and Open Enrollment, Shirley Iacopino, Laura Ringelberg, Medicaid Managed Care Operations
DHHS has initiated open enrollment for effective date 9/1/20 for all current members in managed care plans. Letters were mailed June 22; packets will be sent the week of July 24. Open enrollment results will be reported to MCAC in September.

NH Healthy Families has procured a new transportation broker, Medical Transportation Management, Inc. (MTM) effective 9/1/2020. Recipients and providers will be informed. Please inform the Department if clients experience transition issues.

Transportation reprocurement for the Medicaid fee-for-service in process. Due to Betsy Hippensteel's retirement, the Provider Relations office is shorthanded. Brook Belanger is working to fill in the gap.

A request was made to provide MCAC and providers the names and contact information of the each MCO's senior executives and associated areas of responsibility. S Iacopino will provide. *Sent to MCAC 7/21/2020.*

Appendix K: Emergency Preparedness, Sandy Hunt, Wendi Aultman, Division of Long Term Supports & Services
The Department provided responses to MCAC questions and feedback (italicized) on the June 8 Appendix K presentation.

The Schedule K slide deck presentation provides glaring examples of the lack of parity between NH's 1915 (c) Waivers and the service provision to the populations served. If nothing else comes from our experience with the pandemic emergency, re-balancing of our elderly and adult disabled long term system needs to be addressed. NH must stop warehousing people in nursing homes, at best, there is a quality of life issue. Individuals should have a meaningful choice between institutionalization in a nursing facility and a community based care option, which is funded to be fully staffed with available supports. While the department is clearly dedicated to maintaining community options for the DD, ABD and IHS recipients in the community, our elderly and adult disabled populations are not similarly supported through policy or funding.

1. *The Schedule K slide deck presentation provides glaring examples of the lack of parity between NH's 1915(c) waivers and the service provision to the populations served. If nothing else comes from our experience with the pandemic, re-balancing of our elderly and adult disabled long term care system needs to be addressed. NH must stop warehousing people in nursing homes, at best, there is a quality of life issue.*

Wendi Aultman responded the DD, ABD, IHS, and CFI waivers and the services delivered are separate and distinct. The flexibilities requested in the Appendix K for all 4 waivers are time limited in duration and are tied specifically to waiver participants impacted by the emergency.

2. *Why were CFI recipients not afforded the protection of background check extensions, similar to those afforded to the DD/ABD/IHS waiver populations? As reported to DHHS, there were weeks of wait times in getting replacement personal care workers to CFI recipients due to background check issues.*

W Aultman and S Hunt responded the Bureau of Developmental Services received recommendations from the Organized Health Care Delivery System (Area Agencies) which included a request for administrative rules to be flexed and allow background check extensions.

Background check extensions were not flexed for any of the BEAS providers. BEAS and the Department of Safety reviewed current criminal background check requirements and developed guidelines and references to assist with streamlining the process. These guidelines were shared with providers during provider check-ins and through guidance memos.

3. *Why were TB testing flexibilities limited to DD/ABD/IHS populations? Why was this flexibility not afforded to the CFI Waiver population? This suspension afforded access to care for the DD, ABD and IHS populations, which our elderly and adult disabled recipients did not have access to. This resulted in delayed care to CFI recipients.*

TB testing flexibilities have been provided to CFI. BEAS guidance includes information on the flexibilities given under the DHHS Bureau of Health Facilities (BHF). Requests for a waiver of TB testing must be submitted to BHF. DHHS will waive skin or blood test pre-employment tests until emergency is over. CDC guidelines are used for this purpose.

4. *Why were training requirements for CFI providers not eased? In addition to easing the burden of the new hire process in a vastly different operational environment during the pandemic emergency, getting staff on-boarded more quickly would have facilitated quicker access to care for the recipients.*

W Aultman is not aware of training requirements that can be waived, but offered to review specific rules that cause delays. The training flexibility allowed by BDS was not a waiver, but rather a delay. Non-individual specific training (for example, the DD system overview) was flexed/delayed for DD/ABD/IHS providers as requested by Area Agencies. W Aultman expressed that if there are training requirements that agencies need, to request flexibility or modification at the policy level, to send the request to her for discussion and consideration.

5. *Although CFI appears to be included in the extension of the level of care evaluations, this flexibility has NOT been implemented. The BEAS is instead using 60 day gap period authorizations repeatedly. This is causing an increase in the workload of the department and the CFI providers. Additionally, it results in closure of some participants. Although they are re-established retroactively, understand care cannot be provided retroactively. This is an access to care issue for the CFI waiver recipients.*

Extension of Level of Care evaluations for the CFI Waiver were implemented the week of June 15th.
D Ritsey noted that GSIL does not terminate services as it assumes the state will work with the provider. In those cases in which members will not be eligible again, GSIL has committed to provide the service.

6. *Why is the DD/ABD/IHS Waiver service a "minimum of a monthly contact"? Why was the CFI case management contact increased to a "weekly contact?" This is a disparity in the requirements of like services provided to different populations.*

BDS considered allowing remote oversight and relied on the Organized Health Care Delivery System to provide guidance on the right balance for oversight that would assure participants' safety. BEAS considered the capacity of providers during COVID due to staffing or gaps in plans of care. They looked at alternating between remote and face-to face-contact monthly, but decided that weekly calls would best identify when a plan of care is at risk and necessary steps to be taken. BEAS has since worked with the Case Management agencies to issue revised guidance to allow for bi-weekly virtual contact based on risk and acuity of the participant.

The concerns of CFI case managers is the disparity between the DD and CFI waivers. They request participation in decisions before finalizing future flexibilities.

7. *Why were CFI providers of like services excluded from the retainer payment flexibility their DD/ABD counterparts were afforded?*

Retainer payments have not been implemented. Additional federal guidance is expected.

8. *What flexibilities were requested to ensure CFI respite was accessible to recipients during the pandemic emergency?*

The only flexibility for respite requested for CFI in the Appendix K relates to adding 30 additional days to the amount allowed for a total of 90 days.

9. *What flexibilities were included in the Schedule K to minimize infection rates in participants residing in CFI supported housing, adult family care and residential care settings?*

BEAS directs all providers to the COVID-19 page on nh.gov for CDC guidance.

Updates: Henry Lipman, Medicaid Director

- **COVID testing eligibility group**.

Alyssa Cohen is leading the effort to provide coverage allowed by the federal Families First Coronavirus Relief Act for testing and testing-related services for the uninsured. Outreach and trainings for stakeholders and providers are being offered to encourage people to apply. Individuals who do not have insurance or are enrolled in a limited benefit Medicaid eligibility group may be eligible if they are a NH resident, a US citizen or have qualifying immigration status.

Covered testing services include telehealth or in-person screening for the COVID-19 test, chest x-rays for the purpose of diagnosing COVID-19, specimen collection and testing, and antibody testing. Treatment and medication for COVID-19 are not covered. Testing for this group is funded with 100% federal Medicaid funds.

Individuals can complete a streamlined Medicaid application at NH EASY -https://nheasy.nh.gov/#/ - or call (603) 271-7373 to request an application. For more information, see *FAQs: Medicaid Testing*

Eligibility Group at https://www.dhhs.nh.gov/ombp/medicaid/documents/medicaid-testing-group-06162020.pdf or the *NH COVID-19 Testing Request* at https://business.nh.gov/DOS_COVID19Testing/. The National Guard can assist with applications. If people do not qualify, testing may be covered through Cares Act funding. FAQs on the DHHS website will be sent to MCAC. *(emailed 7/22/20)*

Payment for testing is based on a broad definition of medical necessity. The distinction between public health testing and return to work testing versus diagnostic medically necessary testing is being established at federal and private insurance levels. It is not yet known if surveillance testing will be covered. Seeking federal guidance.

H Lipman asked if MCAC is interested in discussing 1135 waivers in terms of COVID surge at the August meeting; and telehealth legislation currently on the Governor's desk. DHHS is working with MCOs on transition with telehealth once the public health emergency ends.

- **Federal Provider Relief Fund** was created to provide approximately 2% of reported revenue from patient care. CMS and HRSA are reaching to state Medicaid programs regarding the low number of providers applying. Providers are finding the rules to be confusing and are requesting guidance on eligibility for the funds. Providers are advised to preserve their option by applying. Webinars are available. M Ramas noted that FQHCs are not being paid for the majority of telehealth claims.

- **MCO Contract** went into effect July 1, 2020. Currently working on MCO provider relations issues including FQHC and DME. The contract includes a provision for provider protections. DHHS is committed to working on directed payments; consistent standards on handling authorizations. Feedback for improvement is requested.

Meeting Adjourned M/S/A